

Slide Notes

Welcome to the Claimant Self Service tutorial. This tutorial was developed to show you what to expect and how to navigate the screens you will see should you decide to file an Unemployment claim.

Uplink Help Contact Resources

INDIANA WORKFORCE DEVELOPMENT WorkOne

Claimant Self Service Logon

Important Information

Columbus Day
10/13/2014
 Columbus Day, Monday, October 13, 2014, is a bank and government holiday. DWD offices and WorkOne Centers will be closed. Eligible unemployment vouchers will be paid starting Tuesday, October 14.

Unemployment insurance recipients can choose to have both federal and state income taxes withheld from benefits
07/30/2014
 Due to a change in Indiana law, beginning Wednesday, July 30, 2014, Hoosier unemployment insurance recipients who have chosen to have federal income taxes withheld from their weekly unemployment benefits will also have state income taxes withheld. New recipients can also choose to have state and federal income taxes withheld from their weekly benefits when they are filing their initial claim for benefits in Uplink, Indiana's online filing system. For more information visit DWD's website, www.in.gov/dwd.

Reset Passwords to Login
01/19/2014
 In an effort to further safeguard your information, you may need to reset your password in order to log into your Uplink homepage. Please be sure to select a password you have not used in the past. For more information about how to reset your password, click the link "Click here for information about resetting your User ID and Password", which is located below and to the right.

Please check your Claimant Homepage within Uplink Claimant Self Service (CSS) two to three times each week for updates. This will enable you to see if additional links, or request for additional information are required.

Login

User Name

Password

NOTE: The information you provide when applying for unemployment insurance will be matched against national databases to verify your eligibility for benefits.

Ligon


[New User?](#) [Forgot Password?](#) [Forgot UserName?](#)

Need more help with Uplink?

[Allow Popup Windows for Uplink](#)
 Click here for information about resetting your User ID and Password
 Do not use the DPM button. Click here to find out why.

Slide Notes

If you are a first time user of Uplink, you must create a new account. To do this, click on the New User button. If for any reason your Uplink account would need to be reset, you will be instructed to click the New User button to recreate your account.

 [Help](#) [Contact](#) [Resources](#)

Create Account

Sign Up For A New Account

Fields marked with an asterisk * are required.

Social Security Number *

DDD - 00 - CCCC

Re-Enter your Social Security Number *

*** - ** - ****

First Name *

John

Middle Initial

Last Name *

Doe

Suffix

Date of Birth *

(mm/dd/yyyy)

User Agreement:

Website Terms of Use Agreement

1. **Definitions.**
www.dvd.in.gov is a website maintained on the World Wide Web by the State of Indiana, Department of Workforce Development. "The site" or "site" refers to www.dvd.in.gov. "User" or collectively "Users," refers to any party who accesses the site. "Department" refers to Indiana Department of Workforce Development. "Access" means viewing or otherwise obtaining information located on www.dvd.in.gov. "Agreement" refers to these terms of use and any subsequent modification.

2. **Acceptance of Terms.**
By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use Agreement.

Department reserves the right to modify these terms of use at any time without notice to User. Any change in these terms of use is effective immediately upon User's receipt of notice from Department. Notice can

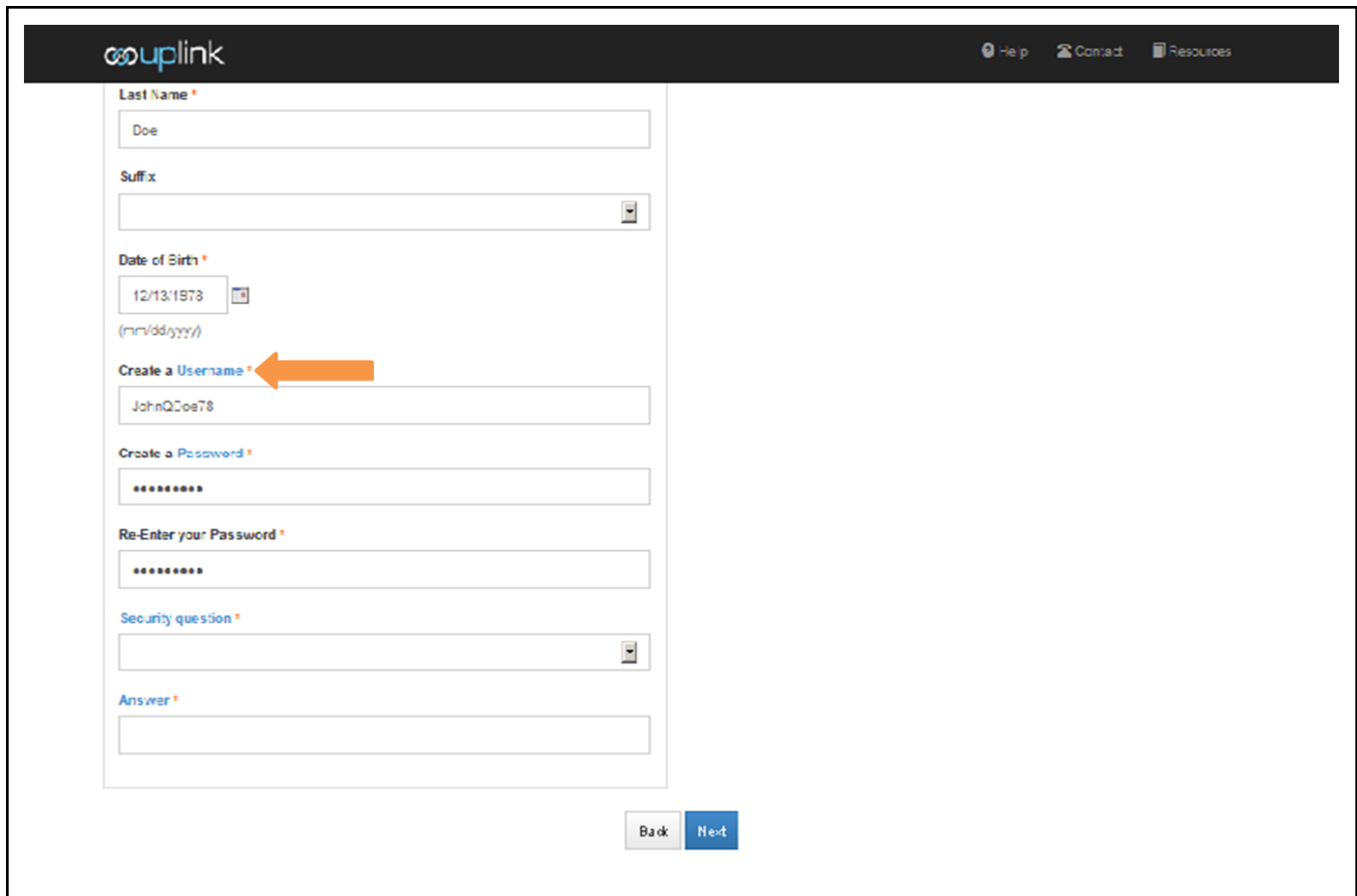
☐ I accept the User Agreement *

Slide Notes

You should complete all fields, but those fields with an asterisk just to the right are mandatory. You will want to double check your Social Security number to be sure you entered it correctly. The last time your Social Security number will appear in Uplink will be on this screen. Your Date of Birth must be entered in the format shown in the parenthesis to the bottom of that field. You may also click the calendar icon to the right of the date field.

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The screenshot shows a registration form for 'uplink'. The form is contained within a white box on a dark background. The form fields are as follows:

- Last Name ***: Text input with 'Doe' entered.
- Suffix**: Text input with a dropdown arrow on the right.
- Date of Birth ***: Date picker showing '12/13/1978' with a calendar icon. Below it, the format '(mm/dd/yyyy)' is indicated.
- Create a Username ***: Text input with 'JohnQDoe78' entered. An orange arrow points to this label.
- Create a Password ***: Password input field with masked characters '*****'.
- Re-Enter your Password ***: Password input field with masked characters '*****'.
- Security question ***: Text input with a dropdown arrow on the right.
- Answer ***: Text input field.

At the bottom right of the form are two buttons: 'Back' (disabled) and 'Next' (active).

Slide Notes

You will then create a Username. The word Username is shown as a hyperlink. There are many words in Uplink that are hyperlinks.

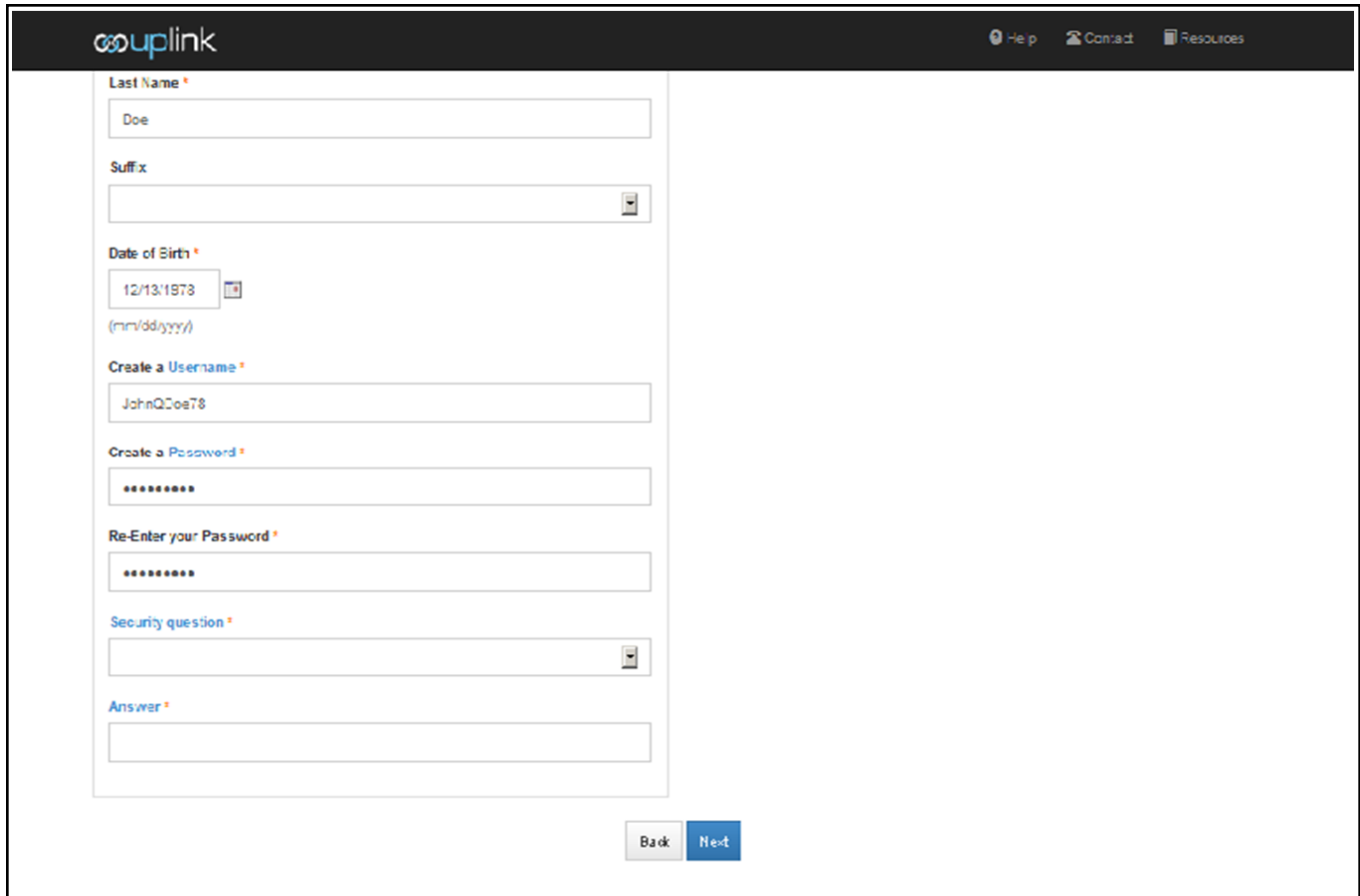
A Hyperlink appears in blue and is sometimes underlined. By clicking on the blue word or phrase, a box will open with a definition of that word or phrase. At times a hyperlink can also take you to a different screen where more information can be found.

The screenshot displays the Uplink website interface. On the left is a registration form with the following fields: Last Name (containing 'Doe'), Suffix (empty), Date of Birth (containing '12/13/1978'), Create a Username (containing 'JohnQDoe78'), Create a Password (masked with dots), Re-Enter your Password (masked with dots), Security question (empty), and Answer (empty). At the bottom of the form are 'Back' and 'Next' buttons. On the right, a 'Field Level Help - Windows Internet Explorer' popup window is open, titled 'UPLINK HELP' and 'unemployment programs'. It features the Uplink logo and the heading 'Username'. The text inside the popup reads: 'Enter a username which you will use every time you log in to the unemployment system. Your user name should be between 3 and 20 characters'. Below the popup, five browser icons are shown: Internet Explorer, Firefox, Opera, Safari, and Chrome.

Slide Notes

If you click on the Username hyperlink, a popup box will appear displaying the word's definition. In this case it will tell you a Username must be between 3 and 20 characters.

If a popup box fails to appear after clicking on your hyperlink, the most likely cause will be your computer's popup blocker. You will need to turn off all popup blockers before viewing definitions. The way to do this will vary depending on the version of the browser you are using.



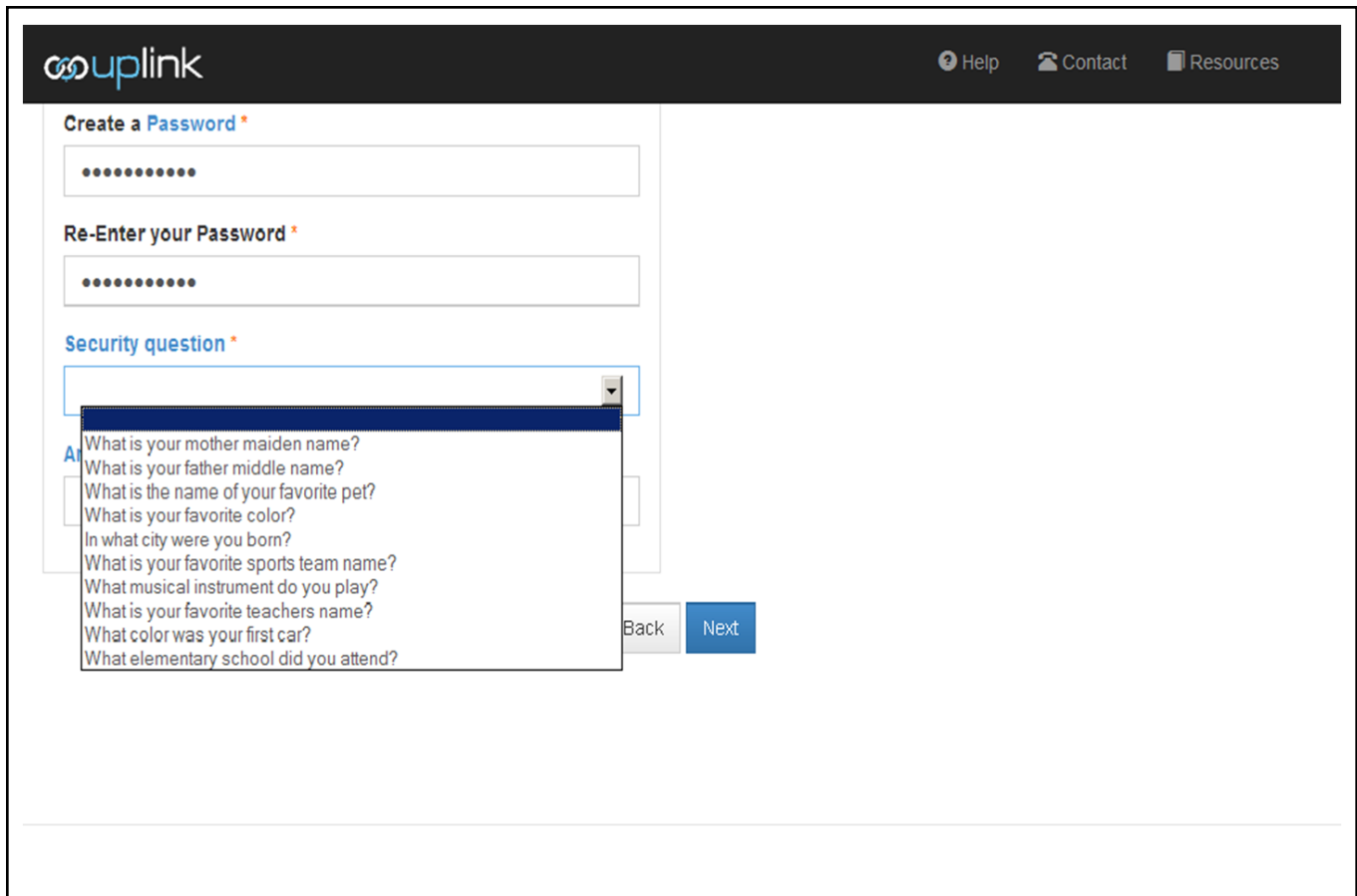
The image shows a web form for creating a new Uplink account. The form is titled "Uplink" in the top left corner. In the top right corner, there are links for "Help", "Contact", and "Resources". The form fields are as follows:

- Last Name ***: A text input field containing "Doe".
- Suffix**: A dropdown menu with a small arrow icon on the right.
- Date of Birth ***: A date input field showing "12/13/1978" with a calendar icon on the right. Below the field is the text "(mm/dd/yyyy)".
- Create a Username ***: A text input field containing "JohnQDoe78".
- Create a Password ***: A password input field with masked characters "*****".
- Re-Enter your Password ***: A password input field with masked characters "*****".
- Security question ***: A dropdown menu with a small arrow icon on the right.
- Answer ***: A text input field.

At the bottom right of the form, there are two buttons: "Back" and "Next".

Slide Notes

After you enter your Username, double check to be sure you did not misspell it. Misspelled Usernames are a common problem for many new Uplink customers. You will need your Username to log in to Uplink in the future.



The screenshot shows the Uplink account creation interface. At the top is a dark header with the 'uplink' logo on the left and 'Help', 'Contact', and 'Resources' links on the right. The main content area has a white background. It contains three form fields: 'Create a Password *' with a masked password input, 'Re-Enter your Password *' with another masked password input, and 'Security question *' with a dropdown menu. The dropdown menu is open, showing a list of 12 questions. Below the dropdown are 'Back' and 'Next' buttons.

uplink

Help Contact Resources

Create a Password *

Re-Enter your Password *

Security question *


What is your mother maiden name?
What is your father middle name?
What is the name of your favorite pet?
What is your favorite color?
In what city were you born?
What is your favorite sports team name?
What musical instrument do you play?
What is your favorite teachers name?
What color was your first car?
What elementary school did you attend?

Back Next

Slide Notes

Next you will need to enter a password, reenter it, and create a security question and answer. Keep in mind your password is case sensitive. By case sensitive we mean if you use capital or upper case letters, as well as lower case letters, you must reenter your answers exactly the same way using upper and lower case letters.

You'll want to make your security question a question you will be able to answer later. Make sure you did not misspell your answer. Misspelled security answers are also a common problem for Uplink customers. Keep in mind the answer you type is also case sensitive. Examples of a security question are "What is my mother's maiden name?" or "What is my favorite color?"



[Help](#)[Contact](#)[Resources](#)

Sign Up For A New Account

Fields marked with an asterisk * are required.

Social Security Number *

- -

Re-Enter your Social Security Number *

- -


First Name *

Middle Initial

Last Name *

Suffix

Date of Birth *



User Agreement

Website Terms of Use Agreement

1. Definitions.

www.dwd.in.gov is a website maintained on the World Wide Web by the State of Indiana, Department of Workforce Development. "The site" or "site" refers to www.dwd.in.gov. "User," or collectively "Users," refers to any party who accesses the site. "Department" refers to Indiana Department of Workforce Development. "Access" means viewing or otherwise obtaining information located on www.dwd.in.gov. "Agreement" refers to these terms of use and any subsequent modification.

2. Acceptance of Terms.

By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use

☐ I accept the User Agreement *

BackNext

Slide Notes

Next, you must read and accept the User Agreement on the right and when you are finished, be sure to click the Next button.

couplink Help Contact Resources

Create Account Confirmation

Account Info

Social Security Number	
First Name	John
Middle Initial	
Last Name	Doe
Suffix	

Date of Birth	
Create a Username	JohnDoe1978
Create a Password	*****
Re-Enter your Password	*****
Security question	What is your favorite color?
Answer	blue

*** STOP ***

Please take time to check your Social Security Number and Date of Birth. This information will be verified with the Social Security Administration. If you need to correct the information displayed above please click **Back**. If your information is correct click **Next** to continue.

After you successfully create your account, you will be taken to the login screen to login using your Username and Password.

Back Next

Slide Notes

You will then be shown a confirmation screen. This will allow you to review all fields one more time to make sure your entries are acceptable to you and your Social Security Number and Date of Birth are correct. If not, you may click the Back button to return to the entry screen for editing. If all information is correct, click the Next button.


The screenshot shows the UpLink website interface. At the top, there is a navigation bar with the UpLink logo and links for Help, Contact, and Resources. The main content area is divided into two columns. The left column contains a section titled 'Important Information' with a sub-header 'Columbus Day' and a date '10/13/2014'. Below this, there is a paragraph about Columbus Day being a bank and government holiday. Another section titled 'Unemployment Insurance recipients can choose to have both federal and state income taxes withheld from benefits' is followed by a date '07/30/2014' and a paragraph about a change in Indiana law. A 'Reset Passwords to Log On' section follows, with a date '01/19/2014' and a paragraph about resetting passwords. The right column contains a message about checking the Claimant Homepage, a 'Login' section with a green box stating 'Congratulations, you have successfully created an account. Please login using the User ID and Password you specified.', and a login form with fields for 'User Name' (containing 'JohnQDoe78') and 'Password' (containing '*****'). Below the password field is a yellow box with a note: 'NOTE: The information you provide when applying for unemployment insurance will be matched against national databases to verify your eligibility for benefits.' At the bottom of the login form is a blue 'Logon' button, which is highlighted by an orange arrow. Below the 'Logon' button are three buttons: 'Now Use?', 'Forgot Password?', and 'Forgot Username?'. At the very bottom, there is a link 'Need more help with UpLink?'.

Slide Notes

Now that you have an account established, you will be asked to login. This is done by entering your newly created user name and password, and clicking the Logon button.

If you forget your username or password, you can click on the appropriate button. You will then be asked for your Social Security number and date of birth, and be required to answer your security question. Once this information is successfully entered, your password will be reset. You must then create and reenter a new password.

If you clicked on the Forgot Username button, pay close attention to your Username that will be displayed for you after you enter your security answer. This is how you will need to spell your Username when you log back in.




INDIANA
WORKFORCE
DEVELOPMENT

Good Afternoon

Thursday, October 16, 2014


[Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

CLAIMANT REGISTRATION : PERSONAL INFORMATION


unemployment programs

Please provide your personal information

Fields marked with an asterisk * are required.

Date of Birth *  (mm/dd/yyyy)

Last Name *

First Name *

Middle Initial

Other Last Name worked under 1 Note: We only need other last names you have worked under in the last 18 months

Other Last Name worked under 2

Other Last Name worked under 3

Suffix

Gender *


Next

Slide Notes

Now you will begin the registration process. You will be asked for your personal information. If you have already had a claim, this information will already be listed. You may edit any information that has changed.

Be sure to double check your Date of Birth while you are on this screen. This will be the only time you'll be permitted to correct it.

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- ▶ Personal Information
- ▶ **Address**
- ▶ Contact Information
- ▶ Demographics

Good Morning JOHN DOE

Thursday, October 16, 2014

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CLAIMANT REGISTRATION : ADDRESS



JOHN DOE

Please provide your address information

Fields marked with an asterisk * are required.

Country *

Mailing Address *

Mailing Address City *

Mailing Address State *

Mailing Address Zip code * -

Workone Center Note: Enter a Workone Center, if your address is located in Indiana

[Next](#)

Slide Notes

You will enter your address on this screen.

Good Morning JOHN DOE Thursday, October 16, 2014 | [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

CLAIMANT REGISTRATION : ADDRESS

couplink
unemployment programs

JOHN DOE

- Invalid address. Please select correct address

Please provide your address information

Fields marked with an asterisk * are required.

Country *

Note: The system is unable to validate the entered address. You can proceed with the address you entered by selecting the User Entered Address. Please select the User Entered address below and press the Select button, or press the Cancel button to change your address.

User entered address

☐ 123 My Street
Indianapolis, IN 46205-1959

Workone Center **Note:** Enter a Workone Center, if your address is located in Indiana

Slide Notes

The system will validate the address that you entered. If it does not match the U.S. Postal Services listing because of the spelling, incorrect zip code, etc, you will receive a message indicating that the address is invalid. If you believe the information you entered is correct, select the radio button and then click select.




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- ▶ Personal Information
- ▶ Address
- ▶ **Contact Information**
- ▶ Demographics

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CLAIMANT REGISTRATION : CONTACT



JOHN DOE

Please provide your contact information

Home Telephone	<input type="text"/>	(xxx-xxx-xxxx)
Alternate Telephone	123-456-7890	(xxx-xxx-xxxx)
Cellular Telephone	<input type="text"/>	(xxx-xxx-xxxx)
Fax Number	<input type="text"/>	(xxx-xxx-xxxx)
Email Address	Myemail@yahoo.com	(xxx@yyy.zzz)
Preferred Contact Method	Mail	

Home
Alternate
E-mail
Mail

Next

Slide Notes

Contact information is not mandatory, but recommended. This will help us contact you quickly due to any problems with your claim. The correct format must be entered.

Good Morning JOHN DOE Thursday, October 16, 2014 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

CLAIMANT REGISTRATION : DEMOGRAPHICS

JOHN DOE

Please provide your Demographic information

Fields marked with an asterisk * are required.

Education Level * 15 - Higher Ed Three

Race * Other/Multiple Races

Ethnicity * Not Hispanic Or Latino

Disabled * ☐ Yes ☒ No

Veteran * ☐ Yes ☒ No

Citizen * ☒ Yes ☐ No

Alien Registration Number Note: Enter alien registration number, only if not a citizen

[Next](#)

Slide Notes

You are then asked for demographic information. You must select your Education Level, Race and Ethnicity, and answer Yes or No for if you are Disabled, a Veteran, and/or a Citizen. If you are not a Citizen, an Alien Registration number must be entered.



Slide Notes

You are now registered in Uplink. This is a view of the customer menu. From here you may choose to go to your homepage, or file an unemployment insurance claim by clicking the appropriate links.

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CLAIMANT HOMEPAGE

[Edit Personal Info](#)

Overpayment Balance: \$ 0.00

Program	Start Date	End Date	Maximum Benefits	Weekly Benefits	Paid to Date	Status	View Initial Claim Summary	View Reactivate Claim Summary	Remaining Balance

PAYMENTS

Week End Date	Date Claimed	Date Paid	Amount Paid

ISSUES DELAYING PAYMENT

Issue	Effective Date	Note

SMARTLINKS

[Correspondence History](#)

Looking for additional information?
[The Unemployment Information Homepage](#) contains links to Frequently Asked

Slide Notes

This is a view of the claimant homepage. From this page, you may navigate to the areas listed by clicking on the appropriate link.



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CLAIMANT HOMEPAGE

[Edit Personal info](#)

Overpayment Balance: \$ 0.00

Program	Start Date	End Date	Maximum Benefits	Weekly Benefits	Paid to Date	Status	View Initial Claim Summary	View Reactivate Claim Summary	Remaining Balance

Week End Date	Date Claimed	Date Paid	Amount Paid

Issue	Effective Date	Note

SMARTLINKS


[Correspondence History](#)

Looking for additional information?

[The Unemployment Information Homepage](#) contains links to [Frequently Asked](#)

Slide Notes

To get an estimate of the potential benefit amount of your unemployment claim, click the link titled, "Interactive Estimator".



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Unemployment Insurance Benefits Estimator

The Unemployment Benefits Estimator is intended to be a quick reference for determining your approximate potential benefit amounts if you were to file your claim this week. Keep in mind that these results are an approximation presented for illustration purposes only. This estimate is not a guarantee of benefits.

Base Period Quarterly Wages

Enter your approximate gross quarterly earnings in the boxes below. Do not use punctuation (decimals or commas).


07/01/2013 through 09/30/2013	<input type="text" value="0.00"/>
10/01/2013 through 12/31/2013	<input type="text" value="0.00"/>
01/01/2014 through 03/31/2014	<input type="text" value="0.00"/>
04/01/2014 through 06/30/2014	<input type="text" value="0.00"/>
07/01/2014 through 09/30/2014	<input type="text" value="0.00"/>




Estimate Your Benefits

Slide Notes

Follow the directions on the screen.

This is an estimator only and is not a guarantee of benefits.



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07/01/2014 through 09/30/20141,200.00

Estimate Your Benefits

If you file your claim between **10/01/2014** and **12/31/2014**, this would be your estimated benefit amount.

Monetary Eligibility	Eligible
Weekly Benefit Amt	244
Number of Weeks	26
Max benefit Amt	6,344

If you wait and file your claim between **01/01/2015** and **03/31/2015**, this would be your estimated benefit amount.

Monetary Eligibility	Eligible
Weekly Benefit Amt	188
Number of Weeks	26
Max benefit Amt	4,888

(Benefits will not be paid for any weeks prior to the effective date of your claim)

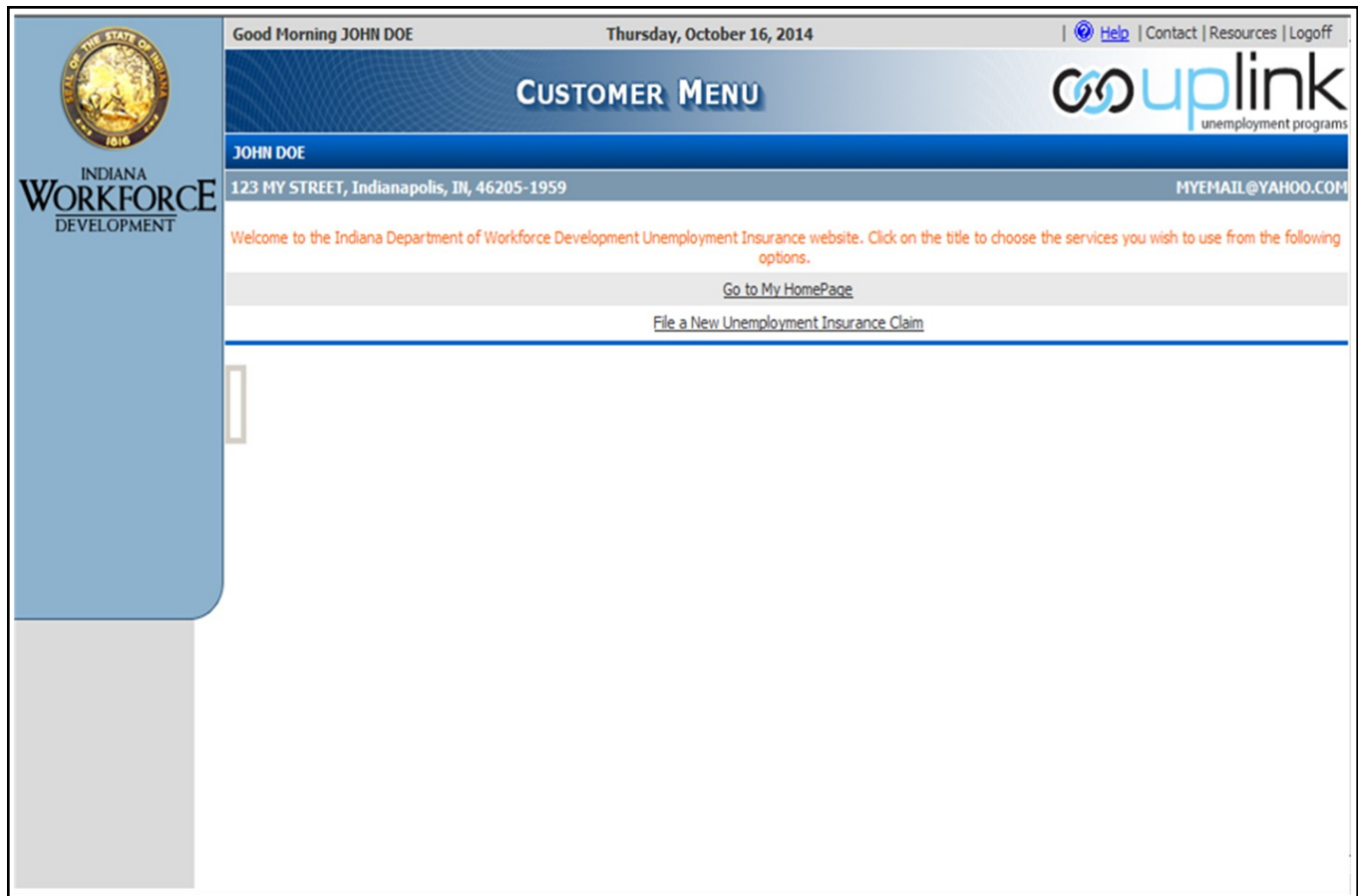
Since this estimate is based on the amounts that you are now providing, it may differ from your actual benefit amount. To be as accurate as possible, you may want to refer to pay stub(s) and/or Form W-2(s) you have received from your employer(s). If you refer to a Form W-2, you will need to convert your gross pay from a yearly total into quarterly amounts based on when you were paid.

Print

Claimant Homepage

Slide Notes

This is an example of the benefits estimator in use.



Slide Notes

To file an unemployment insurance claim, click the link titled, "File a New Unemployment Insurance Claim".



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- Initial Filing
- Employment
- Separation
- Other
- Work Search
- Occupation
- Summary
- Submit
- Confirmation

Good Afternoon

Tuesday, October 21, 2014

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APPLY FOR BENEFITS : INITIAL FILING



Fields marked with an asterisk * are required.


Has all of your employment been in Self-Employment since 07/01/2013? *	<input type="radio"/> YES <input type="radio"/> No
Have you applied for benefits in another state at any time since 07/01/2013? *	<input type="radio"/> YES <input type="radio"/> No
Has all of your employment been in another state since 07/01/2013? *	<input type="radio"/> YES <input type="radio"/> No
Has any of your employment been in another state since 07/01/2013? *	<input type="radio"/> YES <input type="radio"/> No
Do you currently reside in Indiana? *	<input type="radio"/> YES <input type="radio"/> No
Have you been employed by the military since 07/01/2013? *	<input type="radio"/> YES <input type="radio"/> No
Have you been employed by the Federal Government since 07/01/2013? *	<input type="radio"/> YES <input type="radio"/> No
At this moment are you in the State of Indiana? *	<input type="radio"/> YES <input type="radio"/> No

[Next](#)

CSE UCM01.14.E.626 20141017 1520 P:CD

Slide Notes

The next series of questions are to be answered for filing a claim. The need for further information or direction is determined by the answers to the questions on this screen. The answers also determine what type of claim you are filing.



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- ▶ Initial Filing
- ▶ Employment
- ▶ Separation
- ▶ Other
- ▶ Work Search
- ▶ Occupation
- ▶ Summary
- ▶ Submit
- ▶ Confirmation

Good Afternoon

Tuesday, October 21, 2014

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APPLY FOR BENEFITS : INITIAL FILING



Fields marked with an asterisk * are required.


Has all of your employment been in Self-Employment since 07/01/2013? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you applied for benefits in another state at any time since 07/01/2013? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Has all of your employment been in another state since 07/01/2013? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Has any of your employment been in another state since 07/01/2013? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you currently reside in Indiana? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you been employed by the military since 07/01/2013? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you been employed by the Federal Government since 07/01/2013? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
At this moment are you in the State of Indiana? *	<input checked="" type="radio"/> Yes <input type="radio"/> No

[Next](#)

CSS UIM01.14.5.626 20140917 1520 PROD

Slide Notes

Answers to these questions determine a need for further fact finding. Fact finding simply means that additional information is needed. Be sure to read each question carefully before answering. An answer to some of these questions could require further fact finding, and answering incorrectly could create a delay on your claim. For example, you must still be able and available for full time work even if you are job attached and excused from looking for work. If you are unsure on how to answer any questions, you may contact the Uplink Customer Service Center by 1-800-891-6499 for assistance.



INDIANA WORKFORCE DEVELOPMENT

APPLY FOR BENEFITS : SEPARATING EMPLOYER

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JOE SMITH

Your base period is from 07/01/2007 to 06/30/2008.

Employer Name	Select your Last Employer	Dates of Employment
DEPENDABLE DRYWALL INC, DBA DEPENDABLE DRYWALL INC	<input checked="" type="radio"/>	10/6/2008 (mm/dd/yyyy) to 10/24/2008 (mm/dd/yyyy) Remove
NEXSTAGE INC, DBA NEXSTAGE INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy) Remove
KF PF LLC, DBA KF AND PF LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy) Remove
BEACH VENTURES INC, DBA BEACH VENTURES INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy) Remove
MTD CONSTRUCTION AND CONSULTING INC, DBA MTD CONSTRUCTION AND CONSULTING INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy) Remove
LARRY'S DESSERTS LLC, DBA LARRY'S DESSERTS LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy) Remove

Note: The end date is required for the last employer

If your last employer is not listed above, use one of the following buttons to add your last employer.

[Add Indiana Employer](#)
[Add Federal Employer](#)
[Add Military Employer](#)
[Add Out of State Employer](#)

Note: A last employer must be selected above before continuing

[Next](#)

Slide Notes

Names of employers you have worked for in the past will automatically appear on this screen. If one of the employers listed is your most recent employer, (the very last employer you worked for, even if it's part-time) you should click on the appropriate circle in the Select your Last Employer column, enter the dates of employment, and click on Next at the bottom of the screen. If your last employer is not listed, you must click on the APPROPRIATE BUTTON to add your last employer to this screen.

APPLY FOR BENEFITS : ADD EMPLOYER

JOE SMITH

Please identify your last employer by using one of the following options.

Option 1
Enter the employer name and click on the Search button

Option 2
If you are unable to find your employer from the search option above, click on the Manual Entry button

Employer Selected

<input type="radio"/> DEPENDABLE DRYWALL INC., DBA DEPENDABLE DRYWALL INC.	2770 S KENNARD RD SHIRLEY IN, 47384
<input type="radio"/> NEXSTAGE INC., DBA NEXSTAGE INC.	5515 W 86TH ST INDIANAPOLIS IN, 46268
<input type="radio"/> KF PF LLC, DBA KF AND PF LLC	906 EAST ROCHESTER ST AKRON IN, 46910
<input type="radio"/> BEACH VENTURES INC., DBA BEACH VENTURES INC.	5224 E INDIANA BEACH RD PO BOX 634 MONTICELLO IN, 47960
<input type="radio"/> MTD CONSTRUCTION AND CONSULTING INC., DBA MTD CONSTRUCTION AND CONSULTING INC.	1008 S GREEN ST BROWNSBURG IN, 46112

Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

Slide Notes

You may search for your last employer by typing your employer's name and clicking the search button under Option 1, or you may click on the Manual Entry button under Option 2 to enter your employer's information manually.

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APPLY FOR BENEFITS : SEARCH EMPLOYER

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JOE SMITH

Fields marked with an asterisk * are required.

Employer Name * Phone Number

Employer [FRTN](#) Zip Code

Select an employer, enter dates of employment then click on the Add Employer button

<input checked="" type="radio"/> ANDERSON CHRYSLER-PLYMOUTH-DODGE INC	PO BOX 441570 INDIANAPOLIS IN, 46244
<input type="radio"/> ARNELL CHRYSLER-PLYMOUTH-DODGE INC	239 MELTON RD BURNS HARBOR IN, 46304
<input type="radio"/> AUBURN CHRYSLER DODGE & JEEP INC, DBA AUBURN CHRYSLER DODGE AND JEEP INC	507 S GRANDSTAFF DR AUBURN IN, 46706
<input type="radio"/> BATESVILLE CHRYSLER-PLYMOUTH-DODGE INC	1320 STATE ROUTE 46 E BATESVILLE IN, 47006
<input type="radio"/> BILL GADDIS CHRYSLER PLYMOUTH INC	1717 N WHEELING AVE MUNCIE IN, 47303


Enter dates of Employment: From To

To add the employer selected above click the Add Employer button:

Can't find your Employer? [Click here](#) to add the employer manually.

Slide Notes

If you select Option 1, a list of employer's names will appear, each name containing the string of characters you typed to use for searching on the previous screen. If your last employer appears on this list, you may select it by clicking in the circle to the left of your employer's name, enter the dates of your employment and click on the Add Employer button. This will place an employer's name in the list of your employers on the previous screen. If you are unsuccessful in searching for your last employer by name, you may click on Click here and add your employer information manually.



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Saturday, October 25, 2008

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APPLY FOR BENEFITS : ADD EMPLOYER

JOE SMITH

Please identify your last employer by using one of the following options.

Option 1
Enter the employer name and click on the Search button

Option 2
If you are unable to find your employer from the search option above, click on the Manual Entry button

Employer Selected

<input type="radio"/> KF PF LLC, DBA KF AND PF LLC	906 EAST ROCHESTER ST AKRON IN, 46910
<input type="radio"/> BEACH VENTURES INC, DBA BEACH VENTURES INC	5224 E INDIANA BEACH RD PO BOX 634 MONTICELLO IN, 47960
<input type="radio"/> MTD CONSTRUCTION AND CONSULTING INC, DBA MTD CONSTRUCTION AND CONSULTING INC	1008 S GREEN ST BROWNSBURG IN, 46112
<input type="radio"/> LARRYS DESSERTS LLC, DBA LARRYS DESSERTS LLC	620 W EDISON RD SUITE 116 MISHAWAKA IN, 46545
<input type="radio"/> ANDERSON CHRYSLERPLYMOUTHODGE INC, DBA ANDERSON CHRYSLERPLYMOUTHODGE INC	PO BOX 441570 INDIANAPOLIS IN, 46244

[Remove Selected Employer](#)

Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

[Finished adding employers. Continue to next screen](#)



Slide Notes

Regardless of the Option you chose, once your last employer appears in the list, click on the Finished adding employers. Continue to next screen button.

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APPLY FOR BENEFITS : SEPARATING EMPLOYER

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unemployment programs

JOE SMITH
Your base period is from 07/01/2007 to 06/30/2008.

Employer Name	Select your Last Employer	Dates of Employment
Note: The end date is required for the last employer		
DEPENDABLE DRYWALL INC, DBA DEPENDABLE DRYWALL INC	<input type="radio"/>	<input type="text"/> (mm/dd/yyyy) to <input type="text"/> (mm/dd/yyyy) Remove
NEXSTAGE INC, DBA NEXSTAGE INC	<input type="radio"/>	<input type="text"/> (mm/dd/yyyy) to <input type="text"/> (mm/dd/yyyy) Remove
KF PF LLC, DBA KF AND PF LLC	<input type="radio"/>	<input type="text"/> (mm/dd/yyyy) to <input type="text"/> (mm/dd/yyyy) Remove
BEACH VENTURES INC, DBA BEACH VENTURES INC	<input type="radio"/>	<input type="text"/> (mm/dd/yyyy) to <input type="text"/> (mm/dd/yyyy) Remove
MTD CONSTRUCTION AND CONSULTING INC, DBA MTD CONSTRUCTION AND CONSULTING INC	<input type="radio"/>	<input type="text"/> (mm/dd/yyyy) to <input type="text"/> (mm/dd/yyyy) Remove
LARRY'S DESSERTS LLC, DBA LARRY'S DESSERTS LLC	<input type="radio"/>	<input type="text"/> (mm/dd/yyyy) to <input type="text"/> (mm/dd/yyyy) Remove
ANDERSON CHRYSLERPLYMOUTHODGE INC, DBA ANDERSON CHRYSLERPLYMOUTHODGE INC	<input checked="" type="radio"/>	10/06/2008 <input type="text"/> (mm/dd/yyyy) to 10/24/2008 <input type="text"/> (mm/dd/yyyy) Remove

If your last employer is not listed above, use one of the following buttons to add your last employer.

[Add Indiana Employer](#)
 [Add Federal Employer](#)
 [Add Military Employer](#)
 [Add Out of State Employer](#)

Note: A last employer must be selected above before continuing

[Next](#)

Slide Notes

You will then select your last employer, enter your dates of employment, and click on Next.

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APPLY FOR BENEFITS : COLLECT SEPARATION INFORMATION

JOE SMITH

Select the link(s) "Provide Additional Information" for each employer and complete all questions asked.
 Once you have completed all information for each employer, you will automatically be directed to the next page.

Employer	Actions
ANDERSON CHRYSLERPLYMOUTH-DODGE INC, DBA ANDERSON CHRYSLERPLYMOUTH-DODGE INC	Provide Additional Information Edit


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Slide Notes

If only one employer is listed, this screen will not appear. If this screen does appear, click on the Provide Additional Information link to answer more questions about your employment with this last employer.

If you see this screen but do not see this link, you will need to scroll to the right. If you are trying to click on the Provide Additional Information link and fact finding questions fail to appear, the most likely cause will be your popup blocker. You must turn off all popup blockers to continue. The way to do this will vary depending on the browser you are using.



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APPLY FOR BENEFITS : SEPARATION



Employer Name: _____

Reason Employment ended: * Discharged/Fired

If Quit or Discharge, select the reason why? Attendance Related

Will you be returning to work for this employer and have been given a return to work date? * ☐ Yes ☒ No

If you will be returning to work for this employer, enter return to work date: (mm/dd/yyyy)

Last date for which wages will be paid: * 10/17/2014 (mm/dd/yyyy)

Will you/are you receiving [separation pay](#) from this employer? * ☐ Yes ☒ No


Will you/are you receiving vacation pay from this employer? * ☒ Yes ☐ No

[Next](#)

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Slide Notes

Here, you will select the reason your employment ended along with other information regarding your separation. The last date for which wages will be paid is the last day you were actually paid for, not the day you received your last paycheck. In other words, if you last worked on a Wednesday the 8th and were paid for 2 additional days of vacation through Friday the 10th, the last date for which wages will be paid to you would be Friday the 10th. (even if you don't get your check until the 17th.)



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APPLY FOR BENEFITS : OTHER SEPARATION

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unemployment programs

Fields marked with an asterisk * are required.

Are you currently receiving any disability benefits? * ☐ Yes ☐ No

Are you a member in good standing of a union with a hiring hall? * ☐ Yes ☐ No

If yes, what is the Union Name?

Union Dues Paid Through Date (mm/dd/yyyy)

Are you/will you receive pension pay from a [base period](#) employer? * ☐ Yes ☐ No

Did you/will you receive either a [401K lump sum distribution](#) or a [401K monthly distribution](#) from a [base period](#) employer? ☐ Yes ☐ No

If you are eligible to receive benefits, would you like [taxes withheld](#) from your claim check? * ☐ Yes ☐ No

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? * ☐ Yes ☐ No

If yes, what is the name of the Employer?

If yes, what is your start / return to work date? (mm/dd/yyyy)


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Slide Notes

You will answer more pertinent questions on this screen.

You will mark Yes to “Are you/will you receive a pension from a base period employer” only if you are planning to collect a pension during your unemployment claim period. For example, if you are 30 years old and are not planning on receiving your pension from this employer until you turn 65, you would answer this question No.



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APPLY FOR BENEFITS : OTHER SEPARATION

 unemployment programs

Fields marked with an asterisk * are required.

Are you currently receiving any disability benefits? * ☐ Yes ☐ No

Are you a member in good standing of a union with a hiring hall? * ☐ Yes ☐ No

If yes, what is the Union Name?

Union Dues Paid Through Date (mm/dd/yyyy)

Are you/will you receive pension pay from a [base period](#) employer? * ☐ Yes ☐ No

Did you/will you receive either a [401K lump sum distribution](#) or a [401K monthly distribution](#) from a [base period](#) employer? ☐ Yes ☐ No

If you are eligible to receive benefits, would you like [taxes withheld](#) from your claim check? * ☐ Yes ☐ No

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? * ☐ Yes ☐ No

If yes, what is the name of the Employer?

If yes, what is your start / return to work date? (mm/dd/yyyy)

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Slide Notes

If you are a member of a local hiring hall, (ie Carpenter, Electrician, etc) you will answer yes and then click the search button to locate the name of your union. This button looks like a magnifying glass.

Slide Notes

After clicking the search button, a search box will appear. Enter the name of your union and click search.

Union Search - Mozilla Firefox

State of Indiana (US) <https://uplink.in.gov/CSS/UnionSearch.htm?parentForm=otherInfoForm&employerPartyID=2211966&employerDetailNumber=1&addressType=A&p>

Union Search

Union Name:


Local Number:

☐ Select if Union is not found

<input type="radio"/>	CARPENTERS CARPENTERS	1775	380 PLAZA DR. SUITE E COLUMBUS IN, 47201
<input type="radio"/>	CARPENTERS CARPENTERS	1775	380 PLAZA DR. SUITE E COLUMBUS IN, 47201
<input type="radio"/>	CARPENTERS CARPENTERS	1	,
<input type="radio"/>	CARPENTERS CARPENTERS	60	531 E. MARKET ST. INDIANAPOLIS IN, 46204
<input type="radio"/>	CARPENTERS CARPENTERS	60	531 E. MARKET ST. INDIANAPOLIS IN, 46204
<input type="radio"/>	CARPENTERS CARPENTERS	64	4017 DIXIE HIGHWAY LOUISVILLE KY, 40216
<input type="radio"/>	CARPENTERS CARPENTERS	64	4017 DIXIE HIGHWAY LOUISVILLE KY, 40216
<input type="radio"/>	CARPENTERS CARPENTERS	90	1035 WEST FRANKLIN STREET EVANSVILLE IN, 47710
<input type="radio"/>	CARPENTERS CARPENTERS	90	1035 WEST FRANKLIN STREET EVANSVILLE IN, 47710

Slide Notes

A list of possible matches will generate. Click the button to select your union hall. The local number is located beside the union name.



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APPLY FOR BENEFITS : WORK SEARCH

 unemployment programs

Fields marked with an asterisk * are required.

Primary occupation you are looking for *

Secondary occupation you are looking for

Select a Workone center for work search help

What was your rate of pay from MACYS CORPORATE SERVICES INC, DBA MACYS CORPORATE SERVICES INC * \$ per

Lowest rate of pay you are willing to accept * \$ per

If you have stated a higher wage than your last wage, please explain why?

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Slide Notes

You will then answer questions regarding the type of work and rate of pay you wish to accept. You will also select the Workone center you wish to visit to assist with your work search.

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APPLY FOR BENEFITS : OCCUPATION

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unemployment programs

Select your occupation below by either selecting the letter of the name your occupation begins with or entering the name.
This information is used for statistical purposes only. If you are not able to find an exact match, choose one that best represents your occupation.

ABCDEFGHIJKLMNOPQRSTUVWXYZ

OR


Enter occupation here [Search](#)

[Next](#)

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Slide Notes

You must then select the job title that best describes your occupation. You may do so by clicking on the letter your occupation begins with or by typing your occupation in the search box and clicking on Search. You may need to scroll to the right to see the Search link. By performing either of these methods of searching, a list of occupations to choose from will be displayed. You may continue searching until you find the occupation that best matches your own.



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APPLY FOR BENEFITS : OCCUPATION

 unemployment programs

Select your occupation below by either selecting the letter of the name your occupation begins with or entering the name.

This information is used for statistical purposes only. If you are not able to find an exact match, choose one that best represents your occupation.

ABCDEFGHIJKLMNOPQRSTUVWXYZ

OR

Enter occupation here

Search Results


Please select from the following list:

<input type="radio"/> Sailors and Marine Oilers	<input type="radio"/> Sales Agents, Financial Services
<input type="radio"/> Sales Agents, Securities and Commodities	<input type="radio"/> Sales Engineers
<input type="radio"/> Sales Managers	<input type="radio"/> Sales Representatives, Agricultural
<input type="radio"/> Sales Representatives, Chemical and Pharmaceutical	<input type="radio"/> Sales Representatives, Electrical/Electronic
<input type="radio"/> Sales Representatives, Instruments	<input type="radio"/> Sales Representatives, Mechanical Equipment and Supplies

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Slide Notes

In this example, the letter “S” was selected. A list of occupations beginning with the letter “S” will generate.



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APPLY FOR BENEFITS : OCCUPATION

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Select your occupation below by either selecting the letter of the name your occupation begins with or entering the name.
This information is used for statistical purposes only. If you are not able to find an exact match, choose one that best represents your occupation.

ABCDEFGHIJKLMNOPQRSTUVWXYZ

OR

Enter occupation here

Search Results


Please select from the following list:

<input type="radio"/> Sales Representatives, Chemical and Pharmaceutical	<input type="radio"/> Sales Representatives, Electrical/Electronic
<input type="radio"/> Sales Representatives, Instruments	<input type="radio"/> Sales Representatives, Mechanical Equipment and Supplies
<input type="radio"/> Sales Representatives, Medical	<input type="radio"/> Sales Representatives, Services, All Other
<input type="radio"/> Sales Representatives, Wholesale and Manufacturing, Except Technical and Scientific Products	<input type="radio"/> Sales Representatives, Wholesale and Manufacturing, Technical and Scientific Products
<input checked="" type="radio"/> Sales and Related Workers, All Other	<input type="radio"/> Sawing Machine Operators and Tenders

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Slide Notes

The list was scrolled down and the claimant selected, “Sales and Related Workers, All Other”.




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APPLY FOR BENEFITS : SUMMARY

 unemployment programs

Please carefully review each section of the information you have provided.

If you need to change something, select "Edit" button which will take you back to that section to make changes.

Personal Information			
First Name:	JOHN	Middle Initial:	
Last Name:	DOE	Suffix:	
Date of Birth:	12/13/1978	Gender:	Male
Other Last Name worked under 1:	Other Last Name worked under 2:		
Other Last Name worked under 3:			
Edit			
Country:	USA	Mailing Address:	123 My Street
Mailing Address City:	Indianapolis	Mailing Address State:	IN
Mailing Address Zip code:	46205		
Edit			
Home Telephone:	Alternate Telephone:		
Cellular Telephone:	Fax Number:		
Email Address:			
Edit			
Education Level:	12 - Twelfth Grade	Race:	Black/African American
Ethnicity:	Not Hispanic Or Latino	Disabled:	No
Veteran:	No	Citizen:	Yes
Alien Registration Number:			

Slide Notes

The summary page will then be displayed. You should review the entries you made while scrolling to the bottom of the page. Clicking on the Edit button below any of the sections will take you to the applicable screen to make any corrections/additions needed. Once you are satisfied with all answers given, you may click the Print button to print this page if desired. Then click on the Continue button.



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APPLY FOR BENEFITS : SUBMIT CLAIM



Claim Effective Date : 10/19/2014 [Print](#)

Penalties for Falsification

WARNING
IMPORTANT UNEMPLOYMENT INSURANCE INFORMATION

I understand that I must report all earnings from employment or self-employment regardless of source, including:

- regular payroll

Benefits Rights and Information

For a full description of Benefits, Rights and Information, [click here](#) to read the Claimant Handbook. You may print the handbook if you wish. The Claimant Handbook is available on our website at <https://uplink.in.gov>. By clicking the button "Yes, I agree-File My Claim" you are agreeing to the responsibilities in the Claimant Handbook and indicating that you understand the Penalties for Falsification above.

Terms and Policies

1) In applying for unemployment benefits, I understand I am required to read the Claimant Handbook. 2) I understand I must be fully or partially unemployed, able and available to work.

[Back](#) [Yes, I agree-File my Claim](#) [No, I do not agree](#)

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Slide Notes

You will then be given information regarding Penalties for Falsification, Benefits Rights and Information, and Terms and Policies. You must use the scroll bar to the right of these sections to read all of this very important information. Then you may choose to agree to the information and file your claim, or you may choose not to agree. If you choose not to agree, you will be given information stating your entries will be kept on file for seven days in case you change your mind and decide to file your claim.

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APPLY FOR BENEFITS : FACT FINDING

Issues were detected that require additional information in order to process your claim.
Please click on the link(s) listed below to provide the additional information required for each issue in order to complete your unemployment claim.

Issue: Attendance Related	Provide Additional Information
Issue: Deductible Income	Provide Additional Information

NOTE: The above issues will require further review in order to make a decision regarding your eligibility to receive benefits
The information you provide will be used in making this decision. Failure to provide correct and timely information may result in denial or delay of benefits.

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Slide Notes

If your answer to any question creates an issue that will require adjudication, you will be asked to provide additional fact-finding information regarding the issue. Clicking on the Provide Additional Information link will start the fact finding process. Again, to be able to click on these links to answer your fact finding questions, all popup blockers will need to be turned off.

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INDIANA WORKFORCE DEVELOPMENT

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unemployment programs

DC-Attendance

Fields marked with an asterisk * are required.

*Were you told you were discharged for attendance issues?

If NO - When you completed your claim you said you had been discharged for attendance issues. Why has your answer changed? (After you answer this question, skip to the bottom of the page and click NEXT)

What was your job with this employer?

How long did you work for this employer?

What was your rate of pay in dollars per hour? \$

How many hours a week did you work?

What was your last day of work? (MM/DD/YYYY)

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Slide Notes

You will need to answer all questions that apply to your situation.



Slide Notes

Be careful when answering questions using the Yes/No dropdown boxes. Once you select your answer, look at it again to be sure it is the answer you meant to choose. You'll also want to be careful when using the scroll wheel on your mouse. Using this wheel can cause you to unintentionally change your answers.




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unemployment programs

Final Question

Fields marked with an asterisk * are required.

For best customer service, please provide a valid contact telephone number.

*The information I have provided is true and correct to the best of my knowledge. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties or prosecution.

Yes

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Slide Notes

Continue answering all applicable questions. When fact finding is complete, you will be asked to verify that your answers are correct to the best of your knowledge and that you understand there are penalties for false information.

If there was a final incident right before your discharge, describe it.	was called back and told that I had accumulated too many attendance points and was being let go.
If anyone gave you permission to be absent, who was that person?	
Does the employer have an attendance policy? (If NO, SKIP to the bottom of the page and click NEXT)	Y
Were you made aware of the policy?	Y
If YES, how did you know about it?	Written
If Other, please explain?	
Was the policy uniformly enforced?	Y
If NO, why do you believe the policy was not enforced uniformly?	
Did you receive prior warnings? (If NO, SKIP to the bottom of the page and click NEXT)	N
Provide the date of the most recent warning before your discharge.	
What kind of warning did you receive?	
If Other, please describe.	
Enter the name of the person who warned you.	
Enter the title or job of the person who warned you.	
Enter the phone number (xxx-xxx-xxxx) of the person who warned you if you know it.	
Did you receive more than this one warning?	
Were you told that you could lose your job?	N
What did you do to keep your job?	
Are you currently able to accept an immediate offer of employment?	Y
If NO, why aren't you able to accept an immediate offer of employment?	
Are you currently able to actively search for full time employment?	Y
If NO, why aren't you currently able to actively search for full time employment?	
For best customer service, please provide a valid contact telephone number.	111-11-1111
The information I have provided is true and correct to the best of my knowledge. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties or prosecution.	Y
<div>Continue Print</div>	

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Slide Notes

Next is your fact finding summary screen. Scroll through to read all of your answers.



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APPLY FOR BENEFITS : FACT FINDING

Issues were detected that require additional information in order to process your claim.
Please click on the link(s) listed below to provide the additional information required for each issue in order to complete your unemployment claim.

Issue: Attendance Related	Provide Additional Information
Issue: Deductible Income	Provide Additional Information


NOTE: The above issues will require further review in order to make a decision regarding your eligibility to receive benefits
The information you provide will be used in making this decision. Failure to provide correct and timely information may result in denial or delay of benefits.

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Slide Notes

If there is more than one issue that requires fact finding, you will need to click the Provide Additional Information link each time you return here to answer the specific fact finding questions for each issue. Leaving any fact finding incomplete could result in a delay on your claim.



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APPLY FOR BENEFITS : FILE CLAIM CONFIRMATION



The Department of Workforce Development is committed to meeting our Federal requirements of paying claims within 21 days from the day you file your claim. Please watch your homepage (after you log onto the Uplink on-line system, click on the Go to My HomePage option) for the current status of your claim. If you are within the 21 day window of time, we ask that you please allow the process to be completed and not call or visit an office to inquire about the status. If there are issues, they will be identified and listed on your homepage. The homepage also allows you to check on the status of your weekly payments.

Until these issues are addressed, your claim is on hold and we can not process your claim. Please respond to inquiries as soon as possible to avoid a delay in your payment. You can provide the information necessary by responding to our mail correspondence or by clicking on the hyperlinked issue(s) under the "Issues Delaying Payment" heading (hyperlinked issues are ones that appear in blue and are underlined). To expedite your payment, please file your vouchers on line. Note: Filing paper vouchers could cause an additional 2 week payment delay compared to using the on-line voucher.

Your claim has been filed. The provided confirmation number is for tracking purposes. Copy it and keep it in a safe place until you receive your notice of eligibility and your first check payment or a notice of ineligibility. You may want to print this page in order to have the contact information handy.

Confirmation Number: 58987316

DWD Contact Information	DWD Locations
<p>Mailing Address</p> <p>Department of Workforce Development 10 North Senate UI Benefits, Indianapolis, IN 46204</p>	<p>Phone Number</p> <p>For Marion County - 1-317-232-6702 or 1-888-WORKONE (1-888-967-5663)</p>
<p>TDD for hearing impaired</p> <p>1-317-232-7560</p>	

How to claim weeks of Unemployment Insurance

The State of Indiana pays benefits on a weekly basis. Each benefit week begins on Sunday and ends at midnight the following Saturday. To file your weekly claim, you must file after the end of the week for which you want benefits. You must file within three weeks of the beginning of the week for which you want benefits. You may not be eligible for benefits for a week that is filed late. Every new claim begins with a "waiting week". A waiting week is the first eligible week you claim. Although you will not be paid for this week, you must file a weekly claim for the week. You serve only one waiting week for each new benefit year. To file your weekly benefit claim, logon to the Uplink system using <https://Uplink.in.gov> and choose FILE MY WEEKLY CLAIM.


[Print](#)
[Claimant Homepage](#)
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[Go To Job Match](#)

While receiving unemployment insurance benefits you are required to be registered with our job matching service (IC 22-4-14-2). Failure to register with our job matching service within four (4) weeks of filing your claim will cause your benefits to be denied. Please visit <https://www.indianacareerconnect.com/> or report to the WorkOne office in your area to register for work.

Slide Notes

You will then get a Confirmation screen with a Confirmation number you should keep for future inquiries. You have the option of printing this screen. You may click the Claimant Home button to go to your Claimant Homepage.



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- Change Personal Info
- Change Password
- Confirmation History
- Interactive Estimator
- My Documents

Good Afternoon

Tuesday, October 21, 2014

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CLAIMANT HOMEPAGE

[Edit Personal Info](#)

Overpayment Balance: \$ 0.00

CLAIMS	Program	Start Date	End Date	Maximum Benefits	Weekly Benefits	Paid to Date	Status	View Initial Claim Summary	View Reactivate Claim Summary	Remaining Balance
	UI	10/19/2014	10/17/2015				Pending	View		

PAYMENTS				ISSUES DELAYING PAYMENT		
Week End Date	Date Claimed	Date Paid	Amount Paid	Issue	Effective Date	Note
10/25/2014			0.00	Attendance Related	10/19/2014	
				Deductible Income	10/19/2014	

SMARTLINKS


[Correspondence History](#)

Looking for additional information?

[The Unemployment Information Homepage](#) contains links to Frequently Asked

Slide Notes

This Homepage will contain information about your claim. You will want to return to this page when your claim has been established to view more detailed information about your claim.



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CLAIMANT HOMEPAGE

[Edit Personal info](#)

Overpayment Balance: \$ 0.00

Program	Start Date	End Date	Maximum Benefits	Weekly Benefits	Paid to Date	Status	View Initial Claim Summary	View Reactivate Claim Summary	Remaining Balance
UI	11/23/2014	11/21/2015	0.00	0.00	0.00	Deny	View		0.00
UI	07/27/2014	07/25/2015	0.00	0.00	0.00	Deny	View		0.00
UI	07/27/2014	07/25/2015	0.00	0.00	0.00	Withdrawn	View		0.00
UI	06/23/2014	06/21/2014	10,140.00	390.00	8,580.00	Expired	View	View	1,560.00

PAYMENTS

Week End Date	Date Claimed	Date Paid	Amount Paid
11/29/2014			0.00
08/23/2014	08/24/2014		0.00
08/16/2014	08/17/2014		0.00
08/09/2014	08/10/2014		0.00
08/02/2014	08/03/2014		0.00

ISSUES DELAYING PAYMENT

Issue	Effective Date	Note
Medical - Able Available	07/27/2014	
Medical - Able Available	11/23/2014	


SMARTLINKS

- [File a New Unemployment Insurance Claim](#)
- [Recent Wage History](#)
- [Correspondence History](#)
- [Determination Letter\(s\)](#)

Looking for additional information?
[The Unemployment Information Homepage](#) contains links to Frequently Asked Questions

Slide Notes


When your claim has been established, you will be able to return to this screen to view information such as weekly and maximum amounts, when your claim expires, and weekly voucher status, that is when and how much you are paid each week. If you click on the End Date hyperlink of your current claim, you will be taken to the Claim Homepage.



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CLAIM HOMEPAGE



unemployment programs

Effective: 06/23/2013
End: 06/21/2014
Total Benefits: \$10,140.00
Weekly Benefit: \$390.00

Payment Summary
Overpayment Balance: \$0.00
Benefits Remaining: \$ 1,560.00

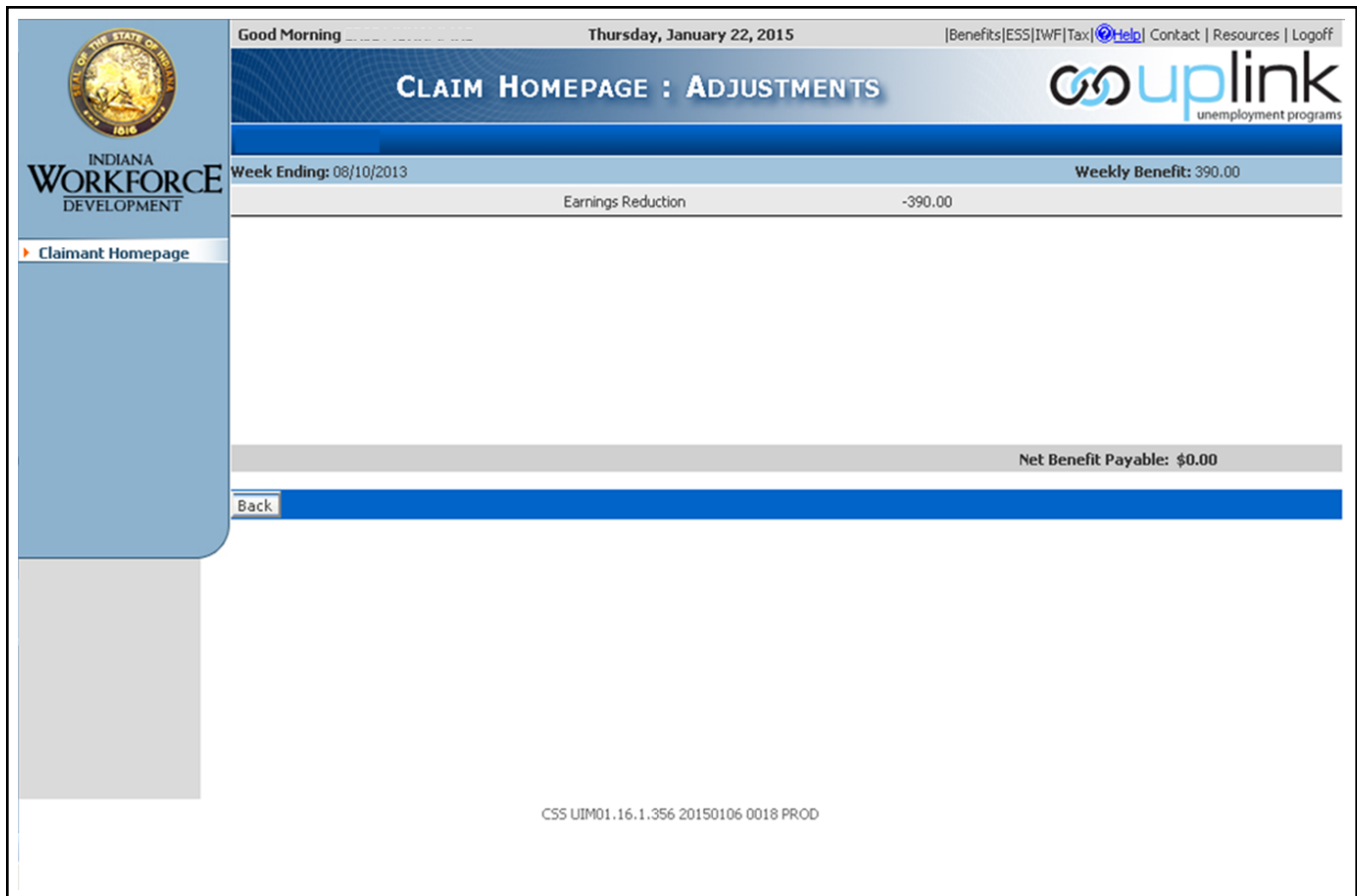
Benefit Week	Date Claimed	Date Paid	Amount Paid	Deductions	Issued	View Voucher Answers
03/15/2014			\$0.00	N	N	
03/08/2014	03/09/2014	03/09/2014	\$390.00	Y	Y	View
03/01/2014	03/02/2014	03/02/2014	\$390.00	Y	Y	View
02/22/2014	02/23/2014	02/23/2014	\$390.00	Y	Y	View
02/15/2014	02/16/2014	02/16/2014	\$390.00	Y	Y	View
02/08/2014	02/09/2014	02/09/2014	\$390.00	Y	Y	View
02/01/2014	02/02/2014	02/02/2014	\$390.00	Y	Y	View
01/25/2014	01/26/2014	01/26/2014	\$390.00	Y	Y	View
01/18/2014	01/21/2014	01/21/2014	\$390.00	Y	Y	View
01/11/2014	01/12/2014	01/12/2014	\$390.00	Y	Y	View
01/04/2014	01/05/2014	01/05/2014	\$390.00	Y	Y	View
12/28/2013	12/30/2013	12/30/2013	\$390.00	Y	Y	View

Claimant Homepage


CSS UIM01.16.1.356 20150106 0018 PROD

Slide Notes

Unlike the Claimant Homepage, the Claim Homepage will give you more detailed information about weeks claimed on a specific claim. To view information about a week in which something was deducted, (why and how much) you can click on the Y hyperlink in the Deductions column.



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CLAIM HOMEPAGE : ADJUSTMENTS 

Week Ending: 08/10/2013 Weekly Benefit: 390.00

Earnings Reduction	-390.00
--------------------	---------


Net Benefit Payable: \$0.00

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CSS UIM01.16.1.356 20150106 0018 PROD

Slide Notes

This will bring you to the Adjustments screen. This screen will give you the reason and the amount of each deduction for a particular week claimed. To return to the Claim Homepage, click on the Back button.




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▶ Claimant Homepage

Good Morning Thursday, January 22, 2015

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CLAIM HOMEPAGE : ADJUSTMENTS



Week Ending: 08/10/2013 Weekly Benefit: 390.00

Earnings Reduction	-390.00
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Net Benefit Payable: \$0.00

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CSS UIM01.16.1.356 20150106 0018 PROD

Slide Notes


If no money was received for a particular week claimed, you can click on the N hyper-link in the Issued column to view the reason for nonpayment.



**INDIANA
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CLAIM HOMEPAGE



Effective: 06/23/2013 End: 06/21/2014 Total Benefits: \$10,140.00 Weekly Benefit: \$390.00

Payment Summary Overpayment Balance: \$0.00 Benefits Remaining: \$ 1,560.00

Benefit Week	Date Claimed	Date Paid	Amount Paid	Deductions	Issued	View Voucher Answers
03/15/2014			\$0.00	N	N	
03/08/2014	03/09/2014	03/09/2014	\$390.00	Y	Y	View
03/01/2014	03/02/2014	03/02/2014	\$390.00	Y	Y	View
02/22/2014	02/23/2014	02/23/2014	\$390.00	Y	Y	View
02/15/2014	02/16/2014	02/16/2014	\$390.00	Y	Y	View
02/08/2014	02/09/2014	02/09/2014	\$390.00	Y	Y	View
02/01/2014	02/02/2014	02/02/2014	\$390.00	Y	Y	View
01/25/2014	01/26/2014	01/26/2014	\$390.00	Y	Y	View
01/18/2014	01/21/2014	01/21/2014	\$390.00	Y	Y	View
01/11/2014	01/12/2014	01/12/2014	\$390.00	Y	Y	View
01/04/2014	01/05/2014	01/05/2014	\$390.00	Y	Y	View
12/28/2013	12/30/2013	12/30/2013	\$390.00	Y	Y	View

[Claimant Homepage](#)

CSS UIM01.16.1.356 20150106 0018 PROD

Slide Notes

If no money was received for a particular week claimed, you can click on the N hyper-link in the Issued column to view the reason for nonpayment.

Good Morning Thursday, January 22, 2015 [Benefits|ESS|IWF|Tax|[Help](#)|Contact|Resources|Logoff]

CLAIM HOMEPAGE : CHECK ISSUES

couplink
unemployment programs

Week Ending: 08/10/2013

Reason(s) Check for the above week has not been issued	
01/15/2014	Non-Pay Due to Excess Earnings

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CSS UIM01.16.1.356 20150106 0018 PROD

Slide Notes

This will give you the Check Issues screen. This screen shows the reason funds were not issued.



Slide Notes

Once a claim has been established, you may file your weekly claim voucher online. To complete your weekly claim voucher you will want to click on the File Weekly/Reactivate Claim link. A weekly claim is a voucher.

Good Afternoon JAMES T. UNIVERSITY Tuesday, March 10, 2009 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

WEEKLY CLAIMS : ELIGIBLE WEEKS

couplink
unemployment programs

Our records show that you are eligible to file Benefits for the following weeks. You will need to complete each week individually.

* Do you want to file for this week?	* Did you start a job and permanently leave that job during the week ending Saturday 02/21/2009?	If separated, Last Day Worked (mm/dd/yyyy)	
File for the week of 02/21/2009 <input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	02/20/2009	Pending
File for the week of 02/28/2009			Pending

Note: When answering the Weekly Claim questions, remember your answers should apply to that week only. Often the answers vary from week to week, so pay close attention to the week you are filing for and answer the questions accordingly.

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Slide Notes

You must confirm that you wish to file a voucher for the week listed. You will also be asked if you were separated from an employer during the week. If so, you will be directed to file an additional claim and will be required to answer further questions regarding your separation.

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WEEKLY CLAIMS : CERTIFICATION

Reminder: You are filing for the week ending **02/21/2009**. Each of your answers should apply to this week only.

Do you want to file for the week ending **02/21/2009**? * ☐ YES ☐ NO

Did you start a job and permanently leave that job during the week ending Saturday **02/21/2009**? * ☐ YES ☐ NO

Did you look for full-time work? * ☐ Yes ☒ No

Hint: Be sure to answer Yes to this question if you have been laid off and you have a return to work date; or if you are a member of a union with a hiring hall; or if you have completed work searches for full-time employment.

Could you have worked the week ending Saturday **02/21/2009** if work was offered to you? * ☐ Yes ☐ No

Hint: Be sure to answer Yes to this question if you are ready, willing and able to accept full-time work and start that job when offered. Also answer Yes if you have been laid off and you have a return to work date; or if you are a member of a union with a hiring hall.

Was there a change in your school or training status? * ☐ Yes ☐ No

Did you work? * ☐ Yes ☐ No

If you worked, was this an employer you worked for between 07/01/2007 and 06/30/2008? ☐ Yes ☐ No

If you worked, how much did you earn for the week?

Did you refuse an offer of work? * ☐ Yes ☐ No

Did you take time off from work? * ☐ Yes ☐ No

Did you/will you receive holiday pay? * ☐ Yes ☐ No

Did you/will you receive severance or vacation pay? * ☐ Yes ☐ No

If you are receiving a pension or 401k payment, has the amount of the payment or distribution changed since you filed your initial claim or last weekly claim? * ☐ Yes ☐ No

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Slide Notes

You will click on the Yes or No buttons to select answers to the questions. You may click on each question itself to get a more detailed explanation about the question. Once you've answered all questions on the voucher, click the next button. If further fact finding is required based on your answers, clicking on the next button will start the fact finding process.

WEEKLY CLAIMS : WEEKLY CLAIM CONFIRMATION

TOM THUMB

You have successfully filed your weekly benefits for the week ending:

01/12/2008

The confirmation number provided is for tracking purposes. You may print this page for your records.

Confirmation Number: 2085208

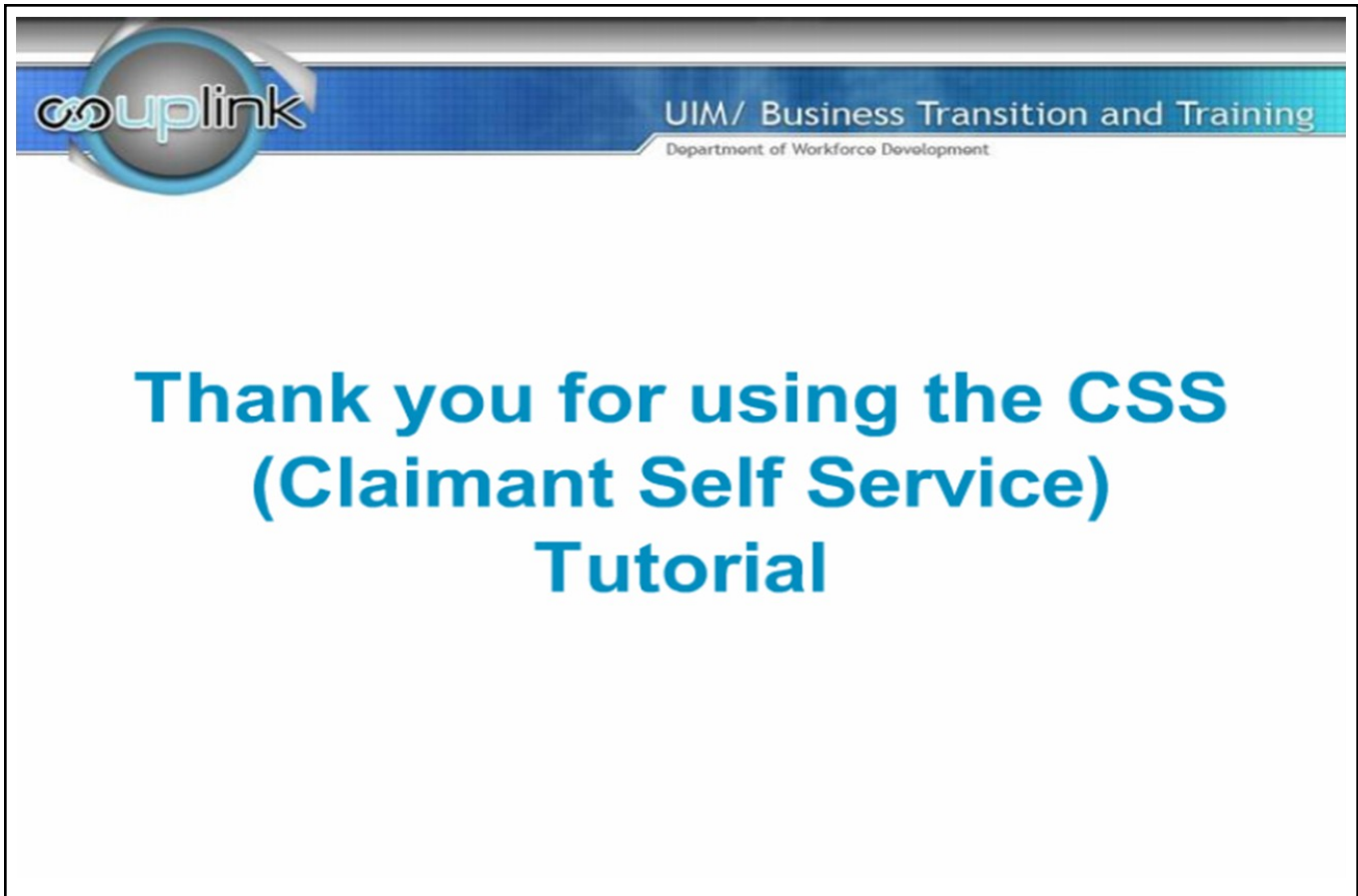
You must be registered for full-time work at your local Work Center office and show you are making an effort to find full-time work each week. For a list of Work Center offices and locations [click here](#).

DWD Contact Information		
Address	Phone	TDD for Hearing Impaired
Department of Workforce Development 10 North Senate UI Benefits , IN 46204	1-888-WORKONE (1-888-967-5663) For Marion County - 1-317-232-6702	1-317-232-7560

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Slide Notes

Once submitted, you will receive confirmation. You may wish to keep this confirmation number in case of future inquiries. You may print this screen by clicking on the Print button. This screen also explains you must register for work, and you may do this online, or at a Workone center. You may click the Claimant Home button to return to your homepage.



Slide Notes

Thank you for using this tutorial. We hope this information has helped you become more familiar with our Claimant Self Service System. This concludes this tutorial.